

Good afternoon, Chair Fischer and Committee members. My name is Brooke Kulzer. I am a rural emergency department nurse and a member of the Minnesota Nurses Association.

Imagine coming to work in a busy Emergency Department. You leave your family and drive past countryside and Minnesota lakes to arrive at your rural hospital. You walk in only to find more patients than staff, and more patients waiting than your department can care for. You find an adolescent patient wandering the department asking for an iPad charger. That depicts a typical start of a shift for me. The problem is, in rural medicine, we have few psychiatric resources available to our patients, let alone pediatric services. When I receive my patient assignment, they are officially mine to provide the vital care they need but we don't have enough resources and nurses to provide this care.

What do you need, how can I help? Do you need food? The answer is yes, because of the trauma they have endured they are food motivated. Let me get you a sudoku puzzle, food, and the tv remote. That's all I have to offer now. Except my time and attention and even that can be stretched thin.

Now they are back in their room, waiting 50 plus hours in my busy ER waiting for placement in the twin cities. This child occupies a bed, of which an elderly patient needs due to a fall, or another child needs due to a broken bone. Now they are escalating. They are tired or bored, and their behavior ramps up. I have to redirect staff away from the other critical patients to restrain this child because they are destroying the room. They are putting themselves at risk, asking for help, and putting our

staff in harm's way. Code 21. Security is here, Police are on standby. They now require a 1:1 nurse for their safety. And now triage calls stating they have a suicidal adolescent that needs our attention as well.

We do not have the resources to help us care for these patients except assessors available via an IPAD, and our amazing ED providers. During a typical 24 hours in the life of a psych patient, they will often see 4-8 nurses, and 4-6 doctors caring for them. Day after day. Until they demand our undivided attention once again. And the sad reality that we are simply “occupying time” until they get to the mental health facility they need stays at the forefront of my mind. Misalignment of Healthcare.

All because there are not enough resources, in the metro or in the rural communities to support these kids. Our system is broken. I will know this child by name, I will know their situation and family life. And I will see them again shortly, or their siblings another day that I come to work in rural Emergency medicine.

Our rural communities desperately need more support because these families and patients deserve better. Please pass HF 1198 to help fill the gaps in services and ensure that emergency departments are not the main source of crisis intervention services in our communities.